10226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29 1

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) 72

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dongaster Rural near Easton Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) E. (Last) Allen

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 7 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Schwab

14. MOTHER'S MAIDEN NAME: Mary Wood Burn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Robert J. Allen St. Michaels. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast

50 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/20/47

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11 1950, to 10/31 1951, that I last saw the deceased alive on 10/25 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. V. Palmer	M.D.	Easton, Md	10/31/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	NOV 2. 1951	Springhill Cemetery	Easton Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 1, 51	Mrs Robt. R. Seth	Newnam & Harrison	St. Michaels Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1951
BUREAU V. S.

10227

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hendrik (Middle) (Last) Booraem
4. DATE OF DEATH (Month) Oct. (Day) 5 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 2, 1886
9. AGE last birthday 65 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Mr Louis V. Booraem
14. MOTHER'S MAIDEN NAME Abigail Van Nostrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Mary Booraem

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma of Liver and Lungs	1 year
153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462	(b) Primary Carcinoma of Transverse Colon	Over 1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct. 24, 1950
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Transverse Colon
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Oct. 5, 1951, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 12 20 a.m., from the causes and on the date stated above.

SIGNATURE Shepard Kreck, Jr. (Degree or title) M.D. ADDRESS Easton DATE SIGNED 10/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 10/6/51
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 10/5/51
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D. Williams per W. Frampton Cond. Jr. ADDRESS Easton, MD.

950-306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1951
BUREAU V. S.

10228

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova RD 2 — LENGTH OF STAY (In this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: "Skipton"

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova RD
STREET ADDRESS (If rural, give location): "Skipton"

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) C. (Last) BOYCE
4. DATE OF DEATH: (Month) Oct. (Day) 11 (Year) 1957

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: June 19, 1864
9. AGE last birthday: 87 yrs. — If under 1 year: Months 3, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Lushy
14. MOTHER'S MAIDEN NAME: Mary Hossman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Katherine G. Kapisak Skipton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — several years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to Oct. 11, 1957, that I last saw the deceased alive on Sept 8, 1957, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE: Lurr Lederer (Degree or title) M.D. — ADDRESS: Queen Anne Md — DATE SIGNED: 10/11/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 13, 1951 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Foyer Ave - Baltimore Md

DATE REC'D BY LOCAL REG.: 10/12/57 — REGISTRAR'S SIGNATURE: N. H. Neerees
24. FUNERAL DIRECTOR: Maurice E. Meconam & Son — ADDRESS: Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10229

CERTIFICATE OF DEATH

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne; LENGTH OF STAY (In this place) 26 YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Claiborne; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arabella (Middle) B. (Last) Bryant

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 25 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Reedville Va

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Bertanna Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Earle Harris, Claiborne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	2 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) arterio sclerosis sclerotic heart	2 yrs.
	(c) arterio sclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1951, to Oct 14, 1951, that I last saw the deceased alive on Oct 14, 1951, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Danny Willson M.D. St. Michaels Md. Oct 15, 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct 17 1951

NAME OF CEMETERY OR CREMATORY: Springhill Cemetery

LOCATION (City, town, or county) (State): Easton Maryland

DATE REC'D BY LOCAL REG. Oct. 15-51

REGISTRAR'S SIGNATURE: G. Wesley Sewell

24. FUNERAL DIRECTOR: Newnam & Harrison, ADDRESS: St. Michaels Md.

RECEIVED
OCT 17 1951
BUREAU V. S.

10230

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton. LENGTH OF STAY (in this place): 25 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stevensville Md.
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Roland (Last) Carville.
4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1951

5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Dec 1, 1875
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen Anne County Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr. Thomas Carville
14. MOTHER'S MAIDEN NAME: Anna Erickson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Mrs Loleta Carville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 12 months

204.0 Antecedent cause(s) (b)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to 10 15, 1951, that I last saw the deceased alive on 10 14, 1951 and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W N Palmer Md Easton Md

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF: Oct 18th 51
NAME OF CEMETERY OR CREMATORY: Stevensville
LOCATION (City, town, or county) (State): Stevensville Md.

DATE REC'D BY LOCAL REG. 10/16/51
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR ADDRESS: Edgar L. Lane Church Hill Md

100-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS_A15

RECEIVED
OCT 28 1954
BUREAU V. S.

tem 18 Film G137 ams 11-2-51

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Susan (Middle) Catherine Covey
4. DATE OF DEATH (Month) October (Day) 3 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb 1, 1875
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? A.A.
13. FATHER'S NAME William B. Dulin
14. MOTHER'S MAIDEN NAME Sophia Bayles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.H. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Paul Frawley, Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Thyroid c̄ Metastasis
194 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to Liver
55c (c) Primary site - Thyroid Gland. (11-2-51 ams)

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Thyroid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27/, 1951, to 10/3/, 1951, that I last saw the deceased alive on 10/1/, 1951, and that death occurred at 5 45 a m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 10/6/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct. 6, 1951 NAME OF CEMETERY OR CREMATORY Centerville LOCATION (City, town, or county) Centerville (State) Md

DATE REC'D BY LOCAL REG. 10/4/51 REGISTRAR'S SIGNATURE N.H. Nevins
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 1951

BUREAU V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova. LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Hamilton
4. DATE OF DEATH (Month) Oct. (Day) 15 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 20, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.

13. FATHER'S NAME Wm H. Swartz
14. MOTHER'S MAIDEN NAME Sarah E. Zink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Annie Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	chronic nephritis	18 mo.
443x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Hypertensive heart disease	2 years
121 25 (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1951, to October 15, 1951, that I last saw the deceased alive on Oct 14, 1951, and that death occurred at 9:25 A.M. m., from the causes and on the date stated above.

SIGNATURE Paul Thotts (Degree or title) MD ADDRESS Denton Md DATE SIGNED 10/16/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Oct 17, 1951 NAME OF CEMETERY OR CREMATORY Greenmount LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 10/16/51 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

OCT 5 1
BUREAU W. B.

0233

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (In this place) 27 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 201 Walston Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) (Last) Hopkins

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 15 1920
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Cream
10b. KIND OF BUSINESS OR INDUSTRY Salesman
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Emanuel Hopkins
14. MOTHER'S MAIDEN NAME Isabelle Rohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. ~~Unknown~~
17. INFORMANT Mrs Elizabeth Hopkins (wife)

18. MEDICAL CERTIFICATION

220-09-1500

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Laceration of brain — INTERVAL BETWEEN ONSET AND DEATH 27 hrs

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 10 (Day) 27 (Year) 51 (Hour) 12 m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Passenger in car which struck truck

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE Louis Whitty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 10-29-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/30/51
NAME OF CEMETERY OR CREMATORY Parsons
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 10/29/51
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Lee Hill & Johnson Co. ADDRESS

492-631 George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Talbot — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1321 - 11th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Maurins

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-15-51

9. AGE last birthday: yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Janis Maurins

14. MOTHER'S MAIDEN NAME: Veronica Julia Blumberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval between onset and death: 2-3 min

776X 159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Oct 15, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE: Stewart Krech Jr. (Degree or title) M.D. ADDRESS: Easton DATE SIGNED: 10/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Oct. 15, 1951 — NAME OF CEMETERY OR CREMATORY: Memorial Nekrotas — LOCATION (City, town, or county) (State): Cat. Md.

DATE REC'D BY LOCAL REG. 10/15/51 — REGISTRAR'S SIGNATURE: M.D. Norris

24. FUNERAL DIRECTOR: Memorial Hospital — ADDRESS: Easton Md

VS. A46

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OCT 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 295

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Rural; LENGTH OF STAY (in this place) All of life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Matthew	Moore	Oct.	30	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Black	Married	Jan 27 1873	78 yrs.	9	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	House work	Royal Oak, Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Moore	Amus Dibrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Martha Long Moore Easton Md RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemiplegia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardiovascular Disease	yrs.
	(c)	

1142X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 2, 19 51, to Oct 30, 19 51, that I last saw the deceased alive on Oct 29, 19 51, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W T Reed	M.D.	Easton Md	10-31-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 3 1951	St Paul Cemetery	Easton, Rural Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/51	N. A. Reeves	John D. Williams	Easton Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whittman; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) thomas (Middle) Irving (Last) Pinkett

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 1957

9. AGE last birthday: 94 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Day Laborer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sandy Pinkett

14. MOTHER'S MAIDEN NAME: Mary Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yr., give war or dates of service): no.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lilly McBride Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senile debility, arteriosclerosis, general — Interval between onset and death: 5 yrs

Antecedent cause(s) (b) arteriosclerosis & chronic malnutrition — 1 yr

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to Oct 31, 1951, that I last saw the deceased alive on Oct 30, 1951, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lyon Reese MD, T. Lyon

ADDRESS: Quantico

DATE SIGNED: nk

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11-3-51

NAME OF CEMETERY OR CREMATORY: Quantico Cemetery

LOCATION (City, town, or county) (State): Quantico md.

DATE RECD BY LOCAL REG. 11/3/51

REGISTRAR'S SIGNATURE: Nath. Nurus

24. FUNERAL DIRECTOR: James Blackwell

ADDRESS: Salisbury md

VS A15

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M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) 22 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Tilghman

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Porter
4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 1951

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY Packing House
11. BIRTHPLACE (State or foreign country) Smithfield, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 217-09-7544
17. INFORMANT AND ADDRESS Laura Porter, Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Form of Compensation (Heart) — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

95c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Oct 2, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Md [illegible] Oct 3 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/5/51
NAME OF CEMETERY OR CREMATORY Bethlehem Col. Cem.
LOCATION (City, town, or county) (State) Bethlehem, Caroline, Md.

DATE REC'D BY LOCAL REG. 10-4-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. LEEDS MOORE ADDRESS Tilghman, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Easton — LENGTH OF STAY (in this place) 1 yr. 7 mo. 4 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANN (Last) REID

4. DATE OF DEATH (Month) (Day) (Year): 1 - 6 - 1957

5. SEX: Female — 6. COLOR OR RACE: Wh. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: 2-27-56 — 9. AGE last birthday: 1 yrs. — If under 1 year: Months / Days: 7 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Easton Md. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton J. Reid — 14. MOTHER'S MAIDEN NAME: Esther Fountain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Clinton J. Reid Easton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burned to death accidental

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 5 1957 9 a.m. — INJURY OCCURRED While at Work ☐ Not While At work ☑ — HOW DID INJURY OCCUR? Burned in house fire while intoxicated and was trying to get outside but collapsed

22. I hereby certify that I attended the deceased from 10-5 19 57, to Oct 5 19 57, that I last saw the deceased alive on Oct 5 19 57, and that death occurred at 7 p.m. (Degree or title), from the causes and on the date stated above.

SIGNATURE: Glenn Reese md — ADDRESS: Talbot Memorial — DATE SIGNED: Oct 8 1957

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 10-8-57 — NAME OF CEMETERY OR CREMATORY: Queen Anne Cem. — LOCATION (City, town, or county) (State): Queen Anne Md.

DATE REC'D BY LOCAL REG. Oct 8 57 — REGISTRAR'S SIGNATURE: G. H. Parsons R.R. — 24. FUNERAL DIRECTOR — ADDRESS: J. Frank Cook Easton Md.

RECEIVED
OCT 9 1951
BUREAU V. S.

10231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Hall

4. DATE OF DEATH (Month) October (Day) 1 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH March 29 1879

9. AGE Last birthday 72 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Truck Farmer

11. BIRTHPLACE (State or foreign country) Dorchester County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Silvia Hall

14. MOTHER'S MAIDEN NAME Jane Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Alfred Dobson Cordova

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerosis — Interval between onset and death: 6 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1951, to Oct. 1, 1951, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

SIGNATURE Paul Thurlby (Degree or title) M.D. ADDRESS Denton Md. DATE SIGNED 10/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Oct. 4, 1951 — NAME OF CEMETERY OR CREMATORY Liberty Hill — LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 10/2/51 — REGISTRAR'S SIGNATURE M. H. Adkins — 24. FUNERAL DIRECTOR C. E. Cook — ADDRESS Easton Md.

RECEIVED
OCT 9 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 100 Pleasant Street

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lawrence (Last) Tilghman

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct 11, 1950
9. AGE last birthday 1 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Bernice Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Bernice Tilghman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital anomaly G.I. tract

756.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157 h (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE Lain Whitty MD (Degree or title) DMC ADDRESS Easton Md DATE SIGNED 10-27-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/27/51
NAME OF CEMETERY OR CREMATORY Richardson
LOCATION (City, town, or county) Easton Md (State)

DATE REC'D BY LOCAL REG. 10/27/51
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Earl W. Stafford ADDRESS Easton Md.

NOV 6 1951

J V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural — LENGTH OF STAY (In this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton (Rural) Toytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MATTIE (Middle) (Last) WALLEY

4. DATE OF DEATH: (Month) Oct (Day) 30 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 5, 1892

9. AGE last birthday: 59 yrs. If under 1 year: Months 5 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Troy Town Easton rural

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeremiah Thomas

14. MOTHER'S MAIDEN NAME: Nellie Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Katherine Walley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval between onset and death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1951, to Oct. 30, 1951, that I last saw the deceased alive on Oct. 30, 1951, and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hayward T. Webb, M.D. ADDRESS Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 1, 1951 — NAME OF CEMETERY OR CREMATORY Troy Town — LOCATION (City, town, or county) (State) Troy Town, Md.

DATE REC'D BY LOCAL REG. 11/1/51 — REGISTRAR'S SIGNATURE A.B. Nevins — FUNERAL DIRECTOR Wannie E. Jefferson & Son — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Talbot MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) (Last) WILSON
4. DATE OF DEATH (Month) October (Day) 3, (Year) 1951
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 7 1892
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Camera Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) DENTON MD
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Brown
14. MOTHER'S MAIDEN NAME IRENE BAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Septicemia due to cellulitis of right arm

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fatty liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Stanley H. Dunladen (Degree or title) Assistant Medical Examiner ADDRESS 700 Fleet Street DATE SIGNED October 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 7 1951
NAME OF CEMETERY OR CREMATORY Bells Chapel
LOCATION (City, town, or county) (State) Hillsboro
DATE REC'D BY LOCAL REG. October 6. 1951
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR J V Moore & Son, ADDRESS Denton Md.

690-408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Stat Hwy

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Jan 7 1987

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MARYLAND STATE DEPARTMENT OF HEALTH

10243

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND LENGTH OF STAY (In this place) 13 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Dorsey (Last) Hruder

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 4 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months 2 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Harford Co. Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Horatio Alexander Parker

14. MOTHER'S MAIDEN NAME: Caroline Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Wilson Keator, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial infarction — Interval Between Onset and Death: 8 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 12 yrs.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1938., to Oct. 21, 1951., that I last saw the deceased alive on Oct. 20 1951., and that death occurred at 8.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. Seymour M.D. ADDRESS: Easton, Md DATE SIGNED: 10/22/51

23. BURIAL, CREMATION (Specify): Burial DATE THEREOF: Oct 23 51 NAME OF CEMETERY OR CREMATORY: Wye House Cemetery LOCATION (City, town, or county): Easton Rural (State): Md

DATE REC'D BY LOCAL REG'R: 10/22/51 REGISTRAR'S SIGNATURE: N.R. Perkins

24. FUNERAL DIRECTOR: John D. Sullivan ADDRESS: Easton Md

VS: A15

RECEIVED
OCT 25 1951
BUREAU V. S.